

**OHIO DEPARTMENT OF HEALTH
ANNUAL HOSPITAL REGISTRATION AND PLANNING REPORT
STATISTICAL INFORMATION
JANUARY 1, 2022 - DECEMBER 31, 2022**

Please Return to: Ohio Department of Health
OHAL/LICENSURE
246 N. High St - 3rd Floor
Columbus, OH. 43215-2412

This report must be returned by March 1, 2023

Completion of this report is required pursuant to section 3701.07 of the Ohio Revised Code.

SCHEDULE A. IDENTIFICATION

Name of Hospital	Hospital Registration Number
Kettering Health Troy	1919
Medicare Name (if different from registration)	National Provider Identifier
Kettering Health Troy	1023587045
Hospital Address/Location: (street name and number, city and zip code)	Medicare Provider Number
600 West Main Street, Troy, OH 45373	360368

Telephone Number: (937)980-7000

County:

MIAMI

Mailing address: (if different from above):

Hospital E-Mail Address: Robert.Zebney@ketteringhealth.org

Name of Chief Executive Officer	Title	
Mr. Michael Brendel	President	
Name of person submitting report	Title	Telephone Number:
Robert Zebney	Decision Support Systems Analyst	(937)762-1690

Accreditation/certification status: (Check One)

Joint Commission (JC)

Date of last accreditation survey: _____

Healthcare Facilities Accreditation Program (HFAP)

Date of last accreditation survey: 8/16/2022

Det Norske Veritas (DNV)

Date of last accreditation survey: _____

Medicare Certification (if not accredited by other entities prior)

Date of last certification survey: _____

Satellite Units:

Indicate name, address, county and zip code of each satellite unit owned and operated by the hospital (i.e. Emergency Medical Center, Surgery Center, Ambulatory Care Center, Hospice) which is a separate and distinct entity but is not independently registered. (satellite unit is defined in OAC 3701-59-01 (OO))

Additional information required:

types of services provided and total number of patients treated (on an outpatient basis) for each type of service.

Name of Satellite Unit:

Kettering Health Piqua

County:

MIAMI

Address (street address, city, state)1 Kettering Way
Piqua, OH**Zip Code:**

45356

TYPES OF SERVICES PROVIDED:**TOTAL PATIENTS TREATED FOR EACH SERVICE TYPE**

CT

3827

Diagnostic radiology

6771

Laboratory Draws

8869

Other (Emergency Dept.)

13287

Other (Respiratory)

2604

Ultrasound

1652

SCHEDULE B. CLASSIFICATION

1. Indicate the type of organization responsible for establishing policy concerning overall operation of your hospital.

CHECK ONLY ONE

Government
Non-Federal

Non-Government
Not-For-Profit

Investor-Owned
For-Profit

☐

State

☒

Church-Operated

☐

Individual

☐

County

☐

Other Not-For Profit

☐

Partnership

☐

City

☐

Corporation

☐

City-County

☐

Hospital District or Authority

2. Is this hospital part of a multi-hospital system?

☒

Yes

☐

No

Name of System: Kettering Health

3. Medicare Hospital Classification:

☒

Short-term acute care

☐

Psychiatric

☐

Rehabilitation

☐

Critical Access

☐

Long-term acute care

☐

Children's

4. Hospital's primary or specialty classification (if different from Medicare):

☒

General

☐

Heart

☐

Alcohol and drug

☐

Children's

☐

Burn Care

☐

Rehabilitation

☐

Cancer

☐

Psychiatric

☐

Other:

5. Business name and Medicare certification number or state licensure number, if entities below are contained within hospital:

Distinct-part psychiatric unit

Distinct-part rehabilitation unit

Transplant center

Maternity unit

SCHEDULE C. FACILITIES AND SERVICES

Hospital Service

Inpatient

Outpatient

Not Available	In House	Contracted	Shared
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Surgical Services

Number of Surgical Cases	<u>74</u>	<u>2396</u>
Number of Surgical Operating Rooms	<u>0</u>	<u>0</u>
Dual-Purpose Operating Rooms (Total Number of Inpatient + Outpatient)	<u>5</u>	
Total Operating Rooms Onsite	<u>5</u>	
Total Operating Rooms Offsite	<u>0</u>	

Emergency Services

Number of Patients:	
Treated and admitted to hospital	<u>3105</u>
Treated in ER and released	<u>16599</u>

CARDIAC SERVICES

Number of cardiac catheterizations performed:

Pediatric	<u>0</u>
Adult	<u>0</u>

Number of adult open-heart surgical procedures:	<u>0</u>
Number of pediatric cardiovascular surgery procedures:	<u>0</u>

OBSTETRIC AND NEWBORN DESIGNATION

Level designation of obstetric services	0
Level designation of newborn	0

TRAUMA LEVEL DESIGNATION

(As verified by American College of Surgeons)

Adult Trauma Level Designation	Not available
Pediatric Trauma Level Designation	Not available

SCHEDULE D. BEDS AND UTILIZATION

1. Inpatient Services

Bed Category	Number of Admissions (including Transfers)	Patients Days of Care	Beds in Use
Adult medical/surgical	1292	3922	24
Adult special care (ICU/CCU)	316	795	4
Alcohol/chemical dependency			
Burn			
Hospice			
Long Term Care			
LTAC-LTA less than 30 days stay			
Newborn care– level I			
Newborn care– level II			
Newborn care– level III			
Obstetrics - level I			
Obstetrics - level II			
Obstetrics - level III			
Pediatric general			
Pediatric Intensive (PICU)			
Physical rehabilitation			
Psychiatric			
Special skilled nursing			
Swing Beds			
TOTAL HOSPITAL (Total of all Bed Categories)	1608	4717	28

SCHEDULE D. BEDS AND UTILIZATION (continued)**2. Inpatient Discharges (indicate the number of inpatients discharged by category)**

Home without referral to Home care or Hospice Service	791
Home with referral to Home care	335
Home with referral to Hospice Care Program	24
To Inpatient Service of a Hospice Care Program	23
Transfers to Other Hospitals	254
Transfers to A Nursing Home	169
Expired	10
TOTAL DISCHARGES	1606

SCHEDULE E. HOSPITAL PERSONNEL**1. Licensed or Certified Professional Employees**

Total Number of
Employees

Total F.T.E.'s
(Includes part-time
& full-time staff)

All other licensed professional/tech staff	14	12.60
Certified Nurse Practitioner	3	3.00
Certified Nurse-Midwife		
Certified RN Anesthetists(CRNA)		
Clinical Nurse Specialist		
Contracted physicians		
Dentists/Dental residents		
Dietetic technicians		
Dietitians (registered, eligible)	2	1.60
Interns		
Licensed practical nurses	8	7.95
Medical social workers (exclude psych.)	1	1.00
Medical Technician	1	1.00
Medical technologists	7	6.00
Nursing assistants	3	2.70
Occupational therapists	2	1.00
Other licensed/certified laboratory personnel	1	1.00
Other licensed/certified radiological personnel		
Pharmacists, licensed	8	5.50
Pharmacy technicians	5	4.00
Physical therapists	1	0.90
Physician assistants	3	2.80
Psychiatric social workers		
Psychologists		
Radiological Personnel		
Radiological Technologist - technicians	32	24.90
Registered nurses	111	69.50
Residents		
Respiratory therapists	9	5.80
Salaried physicians	2	1.50
Speech/audiology therapists	1	
TOTALS:	214	152.75

SCHEDULE E. HOSPITAL PERSONNEL (CONTINUED)

2. Medical Staff (Count specialization only once)	Number of Active/Associate Medical Staff	Number of Board Certified Active/Associate Medical Staff	Number of House Staff	Number of House Staff in ACGME or AOA approved training positions	Number of House Staff in ADA approved training positions
Allergy / immunology					
Anesthesiology	79	67			
Cardiology	63	52			
Dentistry					
Dermatology	3	3			
Emergency medicine	102	81			
Family Medicine	20	19			
Family practice					
Gastroenterology	20	18			
General internal medicine	152	135			
General medicine rotation program					
General practice					
Hematology	6	4			
Neonatology	14	13			
Neurology	16	13			
Nuclear medicine	4	4			
Obstetrics and gynecology	42	35			
Oncology	28	22			
Ophthalmology	9	7			
Other medical specialties	59	51			
Otorhinolaryngology	9	9			
Pathology	9	9			
Pediatrics	13	13			
Physical medicine	10	10			
Podiatry	5	4			
Psychiatry	8	6			
Radiology	56	52			
Rheumatology					
Surgery: cardiovascular	5	5			
Surgery: colon and rectal	2	2			
Surgery: general	30	25			
Surgery: neurological	9	8			
Surgery: orthopedic	43	36			
Surgery: other surgery specialties	17	16			
Surgery: plastic	10	9			
Surgery: rotation program					
Surgery: thoracic	5	5			
Urology	10	9			
TOTAL:	858	742	0	0	0

PATIENT'S COUNTY (OR STATE IF OTHER THAN OHIO) OF RESIDENCE AT TIME OF ADMISSION
(REPORTED IN THE AGGREGATE)

ADAMS	GEAUGA	MIAMI 1140	VINTON
ALLEN 1	GREENE 25	MONROE	WARREN 2
ASHLAND	GUERNSEY	MONTGOMERY 94	WASHINGTON
ASHTABULA	HAMILTON	MORGAN	WAYNE
ATHENS	HANCOCK	MORROW	WILLIAMS
AUGLAIZE 10	HARDIN	MUSKINGUM	WOOD
BELMONT	HARRISON	NOBLE	WYANDOT
BROWN	HENRY	OTTAWA	OTHER STATES
BUTLER 3	HIGHLAND	PAULDING	INDIANA 7
CARROLL	HOCKING	PERRY	KENTUCKY
CHAMPAIGN 38	HOLMES	PICKAWAY	MICHIGAN 2
CLARK 84	HURON	PIKE	PENNSYLVANIA 1
CLERMONT	JACKSON	PORTAGE	WEST VIRGINIA
CLINTON	JEFFERSON	PREBLE 9	OTHER STATE 13
COLUMBIANA	KNOX	PUTNAM 1	
COSHOCTON	LAKE 1	RICHLAND	
CRAWFORD	LAWRENCE	ROSS	
CUYAHOGA	LICKING	SANDUSKY	
DARKE 42	LOGAN 9	SCIOTO	
DEFIANCE	LORAIN	SENECA	
DELAWARE	LUCAS	SHELBY 120	
ERIE	MADISON 1	STARK	
FAIRFIELD	MAHONING	SUMMIT 1	
FAYETTE	MARION	TRUMBULL	
FRANKLIN 1	MEDINA	TUSCARAWAS	
FULTON	MEIGS	UNION	
GALLIA	MERCER 3	VAN WERT	

AFFIDAVIT

CERTIFICATION BY THE CHIEF EXECUTIVE OFFICER OF THE HOSPITAL

Report period FROM: 1/1/2022 TO 12/31/2022 INCLUSIVE

I hereby certify that the statements made in the foregoing report are true to the best of my knowledge and belief.

(AHR Online Submission)

(Signature)

Robert Zebney

(Name)

Decision Support Systems Analyst

(Title)

(937)762-1690

(Phone)

3/9/2023

(Date Report Signed)